

To: Examiner Kevin Nguyen

From: Beth Nichols for Kenneth J. Coe

6-14-06 5:32pm p. 1 of 15

Please find attached for filing in connection with application no. 10/666,606, entitled DUAL MODE INPUT DEVICE, the following documents:

- \* Office Action Response Transmittal
- \* Fee Transmittal
- \* Office Action Response

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**JUN 14 2006**

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<b>Phone:</b>	<b>Date:</b> June 14, 2006
<b>Our Ref:</b> 112.P77034	<b>CC:</b>

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Please find attached for filing in connection with application no. 10/666,606, entitled **DUAL MODE INPUT DEVICE**, the following documents:

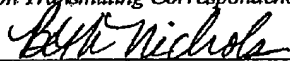
- Office Action Response Transmittal
- Fee Transmittal
- Office Action Response

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PTO/SB/21 (08-03)

Approved for use through 08/30/2003, OMB 0651-0031

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/666,608	
	Filing Date	9/17/2003	
	First Named Inventor	Yu-Chih Cheng	
	Art Unit	2874	
	Examiner Name	Kevin M. Nguyen	
Total Number of Pages in This Submission	13	Attorney Docket Number	112.P77034

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ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Kenneth J. Cool Registration No. 40,570 Berkeley Law and Technology Group	
Signature	/Kenneth J. Cool - Reg. No. 40,570/	
Date	June 14, 2006	

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Typed or printed name	Beth Nichols	
Signature	<i>Beth Nichols</i>	Date 6/14/06

This collection of information is required by 37 CFR 1.6. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b> Application Number 10/666,806 Filing Date 9/17/2003 First Named Inventor Yu-Chih Cheng Examiner Name Kevin M. Nguyen Art Unit 2674 Attorney Docket No. 112.P77034	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		RECEIVED CENTRAL FAX CENTER JUN 14 2006	
TOTAL AMOUNT OF PAYMENT (\$) 100			

<b>METHOD OF PAYMENT (check all that apply)</b> <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 50-3703 Deposit Account Name: Berkeley Law Group For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
Fee Description		Fee (\$)	Small Entity Fee (\$)				
Each claim over 20 (including Reissues)		50	25				
Each independent claim over 3 (including Reissues)		200	100				
Multiple dependent claims		360	180				
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			
23	- 21 or HP = 2	x 50	= 100	Fee (\$)			
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
3	- 3 or HP = 0	x 200	= 0				
HP = highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
	- 100 =	/ 50 =	(round up to a whole number) x				
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)				Fees Paid (\$)			
Other (e.g., late filing surcharge):							

SUBMITTED BY			
Signature	/Kenneth J. Cool - Reg. No. 40,570/	Registration No. (Attorney/Agent)	40,570
Name (Print/Type)	Kenneth J. Cool	Telephone	603.439.6500
		Date	June 14, 2006

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/666,606  
Confirmation No. : 8554  
Inventor : Yu-Chih Cheng  
Filed : Sep. 17, 2003  
TC/AU : 2674  
Examiner : Nguyen, Kevin M.  
Docket No. : 112.P77034  
Customer No. : 43831  
Title : Dual Mode Input Device

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Alexandria, VA 22313-1450

## OFFICE ACTION RESPONSE

Sir:

For the application identified above, in response to the Office Action dated March  
20, 2006, kindly consider the following:

Amendments to the Specification begin on page 2.

Amendments to the Claims begin on page 3.

Remarks begin on page 9.

06/15/2006 TL0111 00000056 503703 10666606  
01 FC:1202 100.00 DA